

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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3						
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31	1					
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39						
40						
41						
42	1					
43		1				
44						
45	1					
46		1				
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS	17					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						